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☑ Yes ☐ No	☑ Yes ☐ No	/KAI RAJAN/ Examiner's Signature	☐ Initials	KOREA, REPUBLIC OF	26	40 ~~44~~	2

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TITLE

Mobile device having health care function based on biomedical signals and health care method using the same

FILING FEE RECEIVED		
1332	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit